

Care via Telemedicine & Indirect Care

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With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the party listed above (and/or spouse/partner) and any for-profit company which could be considered a conflict of interest.

Learning Objectives

1. Discuss how COVID-19 has changed what is being seen by Telemedicine.
2. List a differential for 3 common tele-interaction breakdowns.
3. Identify strategies for address common telepsychiatry challenges.

“Telehealth”

- Catch-all term
- Can describe everything from generic reminders to robotic surgery
- Rarely, does it exist as a single program or intervention

Common Telehealth Modalities

- Tele-consult
 - Real time - Patient interaction via Video interaction
 - Store & forward - Snap-shot of an event set to a specialist for comment
- eConsult
 - EHR email between 2 providers
- Remote monitoring
 - Vitals/labs sent electronically to a remote provider
- ECHO
 - CME & case conference with expert panel

COVID-19

- EVERYONE is doing tele or figuring it out now
- We are off the lit map
- However, there are still things to consider when performing tele
 - What has been reasonable?
 - What is your level of comfort?
 - What can we set up/prepare for before?

Telepsychiatry

- Challenges of telepsychiatry
 - Local vs Regional
 - Comfort with technology
 - Patient - Physician interaction

Telepsychiatry: Challenges

- Local vs Regional
 - Case #1:
 - Patient requests an assessments in person because going to the “East Side” is too burdensome.
 - Discussion - What are potential causes of a request like this?

Local vs Regional

- Language matters
 - East side means very different things depending on where you are.
 - Keep in mind that you need to be vigilant for communication issues and correct them quickly.

Telepsychiatry: Challenges

- Comfort with Technology
 - Case #2:
 - During pre-assessment screening patient agrees to see provider prior to tele-appointment. After cancelling twice, they check in for their appointment today. The nurse calls after trying to set up the camera and says that during the process the patient looked at the camera and suddenly became hysterical.

Technology

- There are varying degrees of comfort with technology.
 - Not all fear of technology steams from psychosis.
 - Culture and SES can impact exposure to previous technologies.

Telepsychiatry: Challenges

- Patient - Physician Interaction
 - Case #3:
 - During a psychiatric interview to assess for depression a patient is constantly looking down and has very flat emotional expressions.
 - What could be causing this?

Physician interactions

- Be aware that if the camera is set wrong, it can appear that patients are looking down, have flatten expressions, or are less responsive.
- You will also suffer from the effects of the camera.
- Unless the other side is set correctly, patient may also receive an image of themselves as feedback.
- Much like in-person interviews, we must be ready to ask questions about what we are seeing.

Telepsychiatry

- Ways to address challenges
 - When in doubt inquire
 - Awareness of what is happening in the community
 - Site visits
 - “Technology Preview”

Unique Consideration: Clinical Culture

- Each clinic is unique, each person's home is unique
 - Administration, Staff, and Patients come from unique and different backgrounds
 - How things are implemented, redirected, or feed back is received
 - How the clinic sees itself in the system, state, and neighborhood.
 - The other demands that exist on the clinic

Self reflection Questions/ Questions for Supervisors

- What was your experience with telemedicine before COVID?
- What was it like starting to see patients via telemedicine?
- What things have you been surprised about how tele works?
- What things are you not able to see with Tele?
- Why are those things challenging?
- What things should I read or do to practice with tele?